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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 5259-000028

First Inventor Shuichi Yoshino et al.

Title ADVERTISING SYSTEM AND ADVERTISING SIGNS

Express Mail Label No. EV 092 041 661 US

21707 U.S. PTO  
10/623767  
07/21/03

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.

3. ☒ Specification [Total Pages 38]

(preferred arrangement set forth below)

- Descriptive title of the invention ☒ Specification filed in English

- Cross References to Related Applications

- Statement Regarding Fed sponsored R & D

- Reference to sequence listing, a table,

or a computer program listing appendix

- Background of the invention

- Brief Summary of the invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 15]

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)

i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))

10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney

11. ☐ English Translation Document (if applicable)

12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☒ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Request and Non Publication under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



27572

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

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Gregory A. Stobbs

Registration No. (Attorney/Agent)

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Signature

Greg Stobbs

Date

July 21, 2003

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>													
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                    <input type="checkbox"/> Credit card                    <input type="checkbox"/> Money Order                    <input type="checkbox"/> Other                    <input type="checkbox"/> None             </p> <p> <input type="checkbox"/> Deposit Account:             </p> <div style="margin-top: 10px;">                 Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-0750</span> </div> <div style="margin-top: 10px;">                 Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Harness, Dickey &amp; Pierce, P.L.C.</span> </div> <p style="font-size: small;">                 The Commissioner is authorized to: (check all that apply)  <input type="checkbox"/> Charge fee(s) indicated below                    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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<p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">17</td> <td>-20 ** =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>-3 ** =</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">84</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$ ) 0</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>						Total Claims	17	-20 ** =	0	X	18	=	0	Independent Claims	3	-3 ** =	0	X	84	=	0	Multiple Dependent				X		=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ ) 0																																																																																																																																																																										
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Gregory A. Stobbs	Registration No. Attorney/Agent	28,764	Telephone	(248) 641-1600
Signature				Date	July 21, 2003

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